Applicant's Name:

CITY OF AUBURN Civil Service Commission

Memorial City Hall Auburn, NY 13021 (315) 255-4141

APPLICATION FOR EXAMINATION

CITY OF AUBURN CIVIL SERVICE COMMISSION INTERNAL USE ONLY					
Civil Service Exam					
Exam Number					
Date Application Received					
Exam Fee					
Application Status		Approved	By:		
		Disapproved	Ву:		
		Conditional	By:		

NOTE: A separate application must be completed for each examination you wish to take.

CITY OF AUBURN CIVIL SERVICE COMMISSION Application for Examination

This examination is part of your examination. Answer all questions fully or carefully. Please TYPE or PRINT clearly. This application must be completed and signed personally by the applicant. Each question must be answered in full. If answer is NO or NONE, indicate such. We are an Equal Opportunity Employer. We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, physical or mental disability, marital status, veteran status, sexual orientation, or any other legally protected status or class. Applicants requiring a reasonable accommodation to participate in the examination, application and/or interviewing process are encouraged to contact the Civil Service Office.

	Name (First, Middle, Last)			E-Mail Address			
	Address (Please notify this office of changes in address)				Phone Number		
	City				State Zip		
	Social Security Number				Salary or Hourly Wage Desired		
ΔŢ	Are You Available to V	Vork	☐ Part Time		Date Available Fo	or Work	
L DATA	How were you referred to the City of Auburn? Newspaper Internet Civil Service Job Posting Employee Referral Other Other						☐ Walk-in
BIOGRAPHICAL	Are you currently employed? If yes, may we contact your employer to obtain employment information?						☐ Yes ☐ No
GRA	If the examination you are applying for has residency requirements stated on the examination announcement, do you meet these requirements?						☐ Yes ☐ No
<u> </u>	VETERAN'S CREDITS - Are you applying for Veteran's Credits? If yes, you must complete the enclosed Examination Supplemental Attachment and submit the Veteran's Credits Form and DD214.						☐ Yes ☐ No
Are you legally eligible for employment in the United States? Employment eligibility verification will be required upon employment.						☐ Yes ☐ No	
	If you are under 18 years of age, can you provide required proof of your eligibility to work?						☐ Yes ☐ No ☐ Not Applicable
POLICE OFFICER AND FIREFIGHTER APPLICANTS FOR EXAMINATION ONLY. Age requirements are estern these positions. If you are applying to take any one of these examinations, please indicate your date of bir box to the right.						nts are established date of birth in the	Date of Birth
	If you have been provided with a job description for the position for which you are applying, are you able to perform the essential functions of the position with or without reasonable accommodation?						
	Type of School Attended		cation of School	불병화 표	umber of Years Completed o not give dates)	Course of Study	Diploma or Degree Obtained
ONAL					·		
EDUCATIONA BACKGROUN	College						
	Other						

				<u> </u>			
-	Typing Speed:	WPM	Data Entry:	# Numeric Keystrokes/Hour	# Alpha Keystrokes/Hour		
	Computer Skills:				-		
= □	List certificates, licenses (including driver license or CDL endorsement or professional achievements that would support your qualifications for employment:		ent) List any additional skills, technic feel would support your applicat	List any additional skills, technical or professional knowledge that you feel would support your application:			
	If you are applying for a pos License, provide license # h	ition which requere:	iires a Commercial Drive	Г			
L	ist your previous four	(4) employer	s whether or not the	y seem relevant to the position f	or which you are applying.		
Pres	sent or Last Empl	oyer			***		
Name	of Employer		•	Phone Number			
Addre	SS		City	State Zip)		
Emplo	yment Dates (Month/Year)	****		Salary			
Title o	f Position			Name and Title of Supervisor	Name and Title of Supervisor		
Descri	iption of duties, responsibilit	ies and significa	ant accomplishments				
Reaso	on for leaving						
Nov	t Previous Emplo	Ver					
	of Employer	yo r your is a succession		Phone Number			
Addre	255		City	State Zi _l	Р		
Emplo	oyment Dates (Month/Year)			Salary			
Title o	of Position			Name and Title of Superviso	г		
Desci	ription of duties, responsibili	ties and signific	ant accomplishments				
Reas	on for leaving						
Nex	ct Previous Emplo	yer					
Name	e of Employer			Phone Number			
Addre	ess		City	State Zi	р		
Empl	oyment Dates (Month/Year)			Salary			
Title	of Position	· -		Name and Title of Supervisor	or		
Desc	ription of duties, responsibil	ities and signific	ant accomplishments				
Reas	on for leaving						

Next Previous Employer					
Name of Employer	Phone Number				
Address City	State Zip				
Employment Dates (Month/Year)	Salary				
Title of Position	Name and Title of Supervisor				
Description of duties, responsibilities and significant accomplishments					
Reason for leaving					
Teason for leaving					
U.S. MILITARY HISTORY					
☐ Yes ☐ No					
U.S. Military Branch Entry Date Discharg	ge Date Training or Specialty				
References (Other than relatives or former supervisors; I	st three)				
Name/Occupation	Phone Number				
Address City State Zip	Years Known				
Name/Occupation	Phone Number				
Address City State Zip	Years Known				
Name/Occupation	Phone Number				
Address City State Zip	Years Known				
Conviction Record Status					
Have you ever been convicted of and/or plead guilty to a felony?					
Have you been convicted of and/or plead guilty to a misdemeanor within the past five years? Yes No					
If you answered 'yes' to either question, please provide additional information such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. Please note that a 'yes' answer to this question does not necessarily disqualify an applicant from employment with the City of Auburn. The nature of the violation and all other appropriate circumstances will be considered. The City reserves the right to reject individuals for employment with the City based on job-related convictions.					
Date County/State Conviction/Explan	ation				
	-				
l certify that the facts contained on this application are true and complete to the best of my knowledge. I understand that any misrepresentation is cause for voiding this application or termination of employment, if hired. I authorize investigation of any information provided on this application form and understand that for consideration with the City of Auburn, the City will conduct a criminal background check. I also authorize investigation of my employment record and references, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time, subject to applicable federal, state and/or local rules and regulations and/or collective bargaining agreements. For positions subject to the federal Department of Transportation regulations regarding controlled substances and alcohol use testing (Part 382), I understand that as a condition for employment with the City of Auburn, a pre-employment controlled substance test will be required and must be passed. Date: Signature of Applicant: Signature of Applicant:					